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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### CASE OF VULVO-VAGINAL THROMBUS; AUTOPSY.

BY E. E. MONTGOMERY, M.D.,  
Of Philadelphia.

Mary C., aged 29, native of Ireland, second pregnancy, was delivered in the Philadelphia Hospital, April 29th, after a labor of forty hours' duration. The second stage five hours, vertex presentation, in R. O. P. position. Owing to a change of resident physicians, my attention was not called to the case. After the woman had endured this long labor and was completely exhausted, my colleague, Dr. Walker, in passing through the wards, observed her condition, and advised the immediate application of the forceps; this was done by the resident, and a child delivered, still-born, weighing ten pounds.

Two days subsequent my attention was called to the woman, suffering with symptoms of puerperal peritonitis—high temperature, rapid, wiry pulse, frequent respiration, dorsal decubitus, limbs flexed, tense, tympanitic and tender abdomen, anxious expression, morale poor. Obtaining a history of a prolonged and difficult labor, I made a vaginal examination, finding a peculiar mushy condition, which, however, did not lead me to suspect more than a contused and swollen vagina. She was placed upon opium in large doses, combined with a febrifuge, quinine and nourishing diet, with stimulants, vaginal injections with poultices over the abdomen. She died May 4th, on fifth day after confinement.

Autopsy, twelve hours after death. Abdomen was very tympanitic; lungs and heart normal;

peritoneal cavity filled with bloody serum; intestines very much distended; peritoneum injected and glued together with bands of adhesion; uterus was large,  $8\frac{1}{2}$  inches long,  $6\frac{1}{2}$  inches wide, and 3 inches thick, weighing two pounds; each broad ligament was occupied by a large clot, extending down to the lower part of the vaginal wall. The clot on the right side was the larger, filling up the right half of the pelvis, and by the pressure, had ulcerated through the peritoneum above, giving rise to the bloody serum in its cavity; the clots were softened and broken down; the spleen was softened, and liver fatty.

This case is of interest, from the infrequency of its occurrence; it being the only one of its nature that has occurred during my knowledge of the Philadelphia Hospital, in which time at least one thousand women have been delivered. Johnston and Sinclair, during seven years in the Dublin Lying-in Hospital, report seven cases. Scanzoni met with fifteen, Denery with but three, in fourteen years' practice. Baron Dubois saw but three in fourteen thousand labors.

It may occur during the latter part of gestation, during labor, or after its termination. During pregnancy it is usually due to some local violence. Indeed, it is not confined to pregnancy, since it may also appear in the non-gravid condition, it being then, according to Velpeau, more frequent. It is, however, much less dangerous. The pressure of a gravid uterus upon the veins, producing a varicose condition, would usually be supposed a predisposing cause, but singularly, in the majority of cases of thrombus no such condition has existed. During labor it usually occurs just before the head clears the vulva, and is caused by the obstruction to the circulation.

Hence an excessive size of the head, a contracted pelvis, or delay at the inferior strait, with immoderate efforts on the part of the patient to overcome the resistance, are the most common cause.

Following the labor, the thrombus is the result of injuries received during it; often a vein is ruptured, the pressure of the head preventing hemorrhage until delivery has taken place; or the vein may be temporarily closed by a coagulum. In some it may happen, as supposed by Dubois, that the badly contused and mortified vein does not give way until after the termination of the labor. M. Pezet says that the head may produce a sort of sliding of the vagina by its pressure, and produce a detachment of its walls, with rupture of the cellular structures.

Thrombus after labor is the more dangerous, as it is less likely to be discovered. The anatomical seat of the lesion is most frequently the labium, either one or both; in only exceptional cases, however, it occurs in both sides. According to Desart, the most frequent form is when it extends toward the vulva, the vulvo-vaginal; of forty-three cases, sixteen were of this character; in seven it extended toward the abdomen; toward both in three. The infiltration may extend to the surrounding tissues, filling up, as in the case above noted, the pelvic cavity, and in one case recounted by Prof. Elliott (in the *American Journal of Obstetrics*, for November, 1868), it distended the vaginal walls and peritoneum enormously, finally bursting through the left labium. Cazeaux cites a case where it extended upward as high as the umbilicus in front, and to the diaphragm posteriorly. Being always consequent upon a traumatic lesion, it has no prodromic signs. It is usually preceded by a few moments of severe, acute, lancinating pain in the vulva, radiating to the back, loins and down the limbs. Denery asserts that pain is never absent. Dr. Barker, however, has seen a case in which, though the infiltration was extensive, there was no pain. As the blood pours into the labium, a hard, firm tumor is felt, which has sometimes been mistaken for the fetal head. It develops rapidly, and soon assumes a violet or livid hue; when the blood infiltrates into the cellular tissue the tumor is hard, but becomes soft and fluctuating when the texture is broken. Frequently the skin will give way, and fatal hemorrhage may take place.

A thrombus attaining large size may impede labor. Madame Lachapelle relates a case in which the thrombus, forming after labor, obstructed the flow of the lochia.

This condition has been frequently mistaken for other disorders; the rapid development, pain, hardness when infiltrated, or softness when fluctuating, with bluish discoloration, will readily disclose its nature; when it develops higher it is not so easily diagnosed. In some cases the tumor ruptures the walls, adheres and cicatrizes; in others a fatal hemorrhage follows the rupture. It may terminate by resolution, suppuration or gangrene; but few by the former method. Penet found four out of forty-four terminate in resolution. There is great danger of gangrene when the patient is exposed to the poison of puerperal fever. The prognosis is rather unfavorable; out of 124 cases, collected by various French physicians, 44 proved fatal. Better results are now exhibited since we have become more acquainted with its pathology. Scanzoni lost but one out of fifteen. Barker two from twenty-two. These three were from puerperal fever.

The deaths following thrombus have been ascribed to the following causes: hemorrhage, external and internal, peritonitis, suppuration, gangrene, pyæmia, septicæmia, and puerperal fever.

The treatment differs according to the size of the tumor, the sufferings of the patient and the period of its manifestation. Barker recommends, 1st, when the tumor is small and will not interfere with labor, or, when hemorrhage occurs from the first, filling up the tumor, to apply the forceps at once, and be prepared to check hemorrhage after delivery, by packing the lacerated surface with cotton saturated in perchloride of iron. The tampon, as recommended by some, should not be used, as by damming up the lochia, it would increase the danger of septicæmia. Antiseptics should be freely used in the after treatment. Dewees recommended pyroligneous acid, anticipating our present antiseptic use of carbolic acid. Great care must be observed to avoid detaching the clot, for fear of secondary hemorrhage. The vital forces of the patient must be sustained by quinine, iron, alcohol, and nutritious diet. 2d. If it has acquired sufficient size to form an obstruction to delivery, incise at once, and deliver with the forceps; the longer incision is postponed, the greater the distention and the more the laceration. 3d. If it does not appear until after delivery, incision should not be done as long as it is increasing in size; when a clot has formed, incision will diminish the danger of septicæmia. Cazeaux prefers, unless the symptoms are very urgent, the expectant plan of treatment. Barnes says, leave the tumor several days, then puncture and use the compress.

**VAGINAL THROMBUS OCCURRING  
DURING LABOR, OR SHORTLY  
AFTER—RECOVERY.**

BY A. B. STUART, M.D.,

Of Santa Barbara, Cal.

Friday, 3 P.M., September 5th, 1879, was called to attend the wife of Rev. S. S. F., in labor, primipara, patient aged about twenty-eight years. Found her well advanced in the first stage; cranial presentation; first position. Canal at os dilated sufficiently to admit the end of little finger, and dilatable. Entrance of vagina so small that the index and middle fingers of the right hand, scant two and a half inches, passed closely pressed. The diameter of the true pelvis less than normal. A dry labor and a dry bed. The membranes did not reveal to the touch a rupture, and if the liquor amnii had passed, neither the patient nor the nurse were aware of it. The expulsive pains were unusually severe, and although the head was soft and compressible, the soft parts of the mother yielded so slowly that I was forced to give ether, to the extent of retarding the expulsive efforts, in order to prevent a rupture of the perineum. The child was born at six P.M., or about three hours after my arrival. The babe being asphyxiated, I cut the cord long, unligated, regulating the flow of blood by digital compression, and immediately instituted the usual means of resuscitation, and sent for my wife, Mrs. Stuart, M.D., to take charge of the mother, who arrived about 6.30 P.M., the patient in the meantime being under the care of the nurse. The babe was resuscitated, and lived about an hour, dying of hemorrhage per anus, but could not have survived long, even had the hemorrhage not supervened, owing to an imperfect development. No post-mortem. Mrs. Stuart found an hour-glass contraction of the uterus about midway between the os and the fundus, with an adhered placenta in the upper portion. Ether was administered, the contraction overcome, and the placenta delivered. The uterus readily contracted, a drachm of Squibb's fluid extract of ergot having been administered just before the head of the child was expelled. The ergot was given to guard against the post-partum hemorrhage. The patient having some pain, and fearing inflammatory action, ordered from five to ten drops of Battley's sedative (double the strength of the officinal tincture of opium), and left about 8.30 P.M., my charge doing as well as could be expected. About three hours later her husband called on us, saying that she was restless, could not sleep,

and had some pain, and that there was a swelling at the entrance of the passage on the right side. Supposing the pain to be due to the contraction of the uterus, and the "swelling" edema of the labium majorum, I sent forty grains of bromide of potassium, directing the half to be given at once and the balance in two hours if the patient was not asleep, and to continue the sedative in ten-grain doses every four hours when awake.

September 6th, about 8 A.M., found the patient free of pain and disposed to sleep; pulse 100. Nurse said she had been restless all night, and complained of pain until a short time previous to our arrival. Upon examination we found the tumefaction to be due to the distention of the labia and the surrounding parts, principally upon the right side, in consequence of an effusion of blood between the vaginal tunics. Ordered three drops of Battley's sedative and two drops of the officinal tincture of aconite root every two hours, and belladonna plaster to each breast; cloths wrung out of hot water were directed to be applied to the labia, and the water as a vaginal enema three times daily. Five P.M.: patient has rested well since the morning visit; pulse less frequent but slightly dicrotic. The external surface of the labia and perineum are very much discolored, for which a strong solution of nitrate of potash was ordered. Carbolic acid added to the vaginal injection. The hot applications to the external parts have been discontinued. September 7th, 9 A.M.: pulse about the same; condition of patient unchanged. During the past twenty-four hours an occasional twenty-drop dose of the sedative has been required, to counteract irregular exacerbations of pain. In the hope of relieving the distention, and fearing the use of the knife might renew the hemorrhage, we introduced a large aspirating needle, but only got about an ounce of bloody serum. Medication continued and nourishment increased. Five P.M., condition about the same. Treatment continued. September 8th, 9 A.M.: rested well during the night; pulse 72, and less dicrotic, but from a summary of the symptoms, thought it best to order two grains of the sulphate of quinia every three hours. Continued the vaginal injections as required for cleansing purposes, and the solution of nitre, as before. The external surface less dark, but a portion of the vaginal wall, lower third, right side, will soon slough. The sedative and aconite to be given every three hours, with the quinia. Nourishment continued. Five P.M.: increased dicrotism of the pulse, and the previously cream-colored coat on the tongue assuming a darker hue, but at no time

has the tongue been entirely covered, the coat appearing in irregular patches. A considerable portion of the right vaginal wall has given way, and about a pint of dark clotted blood passed out with the injection. Treatment continued. September 9th, 9 A.M., patient rather stupid, disposed to sleep. When spoken to as to her condition, says she feels well, and mechanically takes whatever is given to her. Pulse dicrotic and more feeble, 72 per minute. Temperature, in axilla, 100 $\frac{1}{4}$ . Tongue of a darker hue and slightly tremulous. Increased flow of urine; have used the catheter twice daily since confinement; urine dark and offensive to the smell. Removed about half a pint of dark, offensive clot. Treatment continued. Five P.M., pulse feeble and irregular, 74 to 84. Temperature 100 $\frac{1}{2}$ . Removed about four ounces of dark clot, more offensive than that of the morning, notwithstanding a free use of carbolic acid. Also a well-marked diphtheritic patch on the nymphæ; otherwise the patient is about the same. Continued previous treatment, and ordered twenty grains of the sulpho-carbolate of soda, to be given with the quinia, in consequence of the supervening diphtheria. September 10th, 9 A.M., patient less stupid, and for the first time disposed to make inquiry as to her condition. Tongue less dark; pulse 76; temperature 100 $\frac{1}{4}$ . About two ounces of increasingly offensive clot came away. Passes urine for the first time, without the use of the catheter. Ordered less of the sedative and aconite, and continued quinia and sulpho-carbolate of soda. In addition to the previous nourishment, directed the nurse to give a fluid ounce of equal portions of a strong decoction of Mocha coffee and new milk. Five P.M.: pulse not dicrotic, but irregular, 76 to 90, less compressible than at the morning visit; temperature 101; tongue about the same. Less clot discharged from the vagina, but a continuous, sanious, very offensive flow mingling with what we recognize for the first time as the lochia. Digital examination reveals the presence yet of clot between the vagina and rectum. The diphtheritic patches have not advanced much. Treatment continued. September 11th, 9 A.M.: pulse 74 to 84, reasonably full; temperature 99 $\frac{1}{2}$ ; tongue about the same. The same sanious, fetid discharge from the vagina continues. There being no effort to secrete milk, the aconite is discontinued, and being free of pain and no metritis, the sedative is lessened. 11.30 A.M.: A messenger stating that the patient had become restless and was suffering pain, the sedative was increased to ten drops. An hour later found

her free of pain and quiet, but with a feeble, compressible pulse. Ordered a teaspoonful of whisky every two hours, with the coffee and milk. Continued sedative in two-drop doses every hour. Five P.M.: resting well, not stupid or sleepy; pulse 76, reasonably full and not so easily compressed; temperature 101°. The same terrible, fetid vaginal discharge continues. The quinia, sulpho-carbolate of soda, and the treatment of the afternoon continued. September 12th, 9 A.M.: pulse 80; temperature 99°; tongue gradually clearing. Treatment continued. Five P.M.: pulse 100; temperature 101. Treatment continued, with an increase of sedative if the pain should demand it. September 13th, 9 A.M.: In consequence of pain, took, during the night, twenty-three drops additional of the sedative. Pulse 80; temperature 98 $\frac{1}{2}$ . The discharge from the vagina less in quantity and less offensive. The carbolized injections to be used every six hours. Five P.M., pulse 80; temperature 99 $\frac{1}{2}$ . The diphtheritic deposits have all disappeared, and the ulcerations are assuming a healthy appearance. Sedative reduced to three drops every two hours. Quinia and sulpho-carbolate of soda to be given every four hours. All else the same. September 14th, 9 A.M.: pulse 75; temperature 98 $\frac{1}{2}$ . General condition more favorable. Treatment continued. Five A.M., pulse 71; temperature 99 $\frac{1}{2}$ . Has rested reasonably well, and gives a reasonable hope of recovery. As far as a digital examination can indicate, the clot has all disappeared, and the sanious discharge is but slightly offensive. September 15th, 9 A.M., pulse 72; temperature 98 $\frac{1}{2}$ . Had a good night's rest. Treatment continued. Five P.M.: pulse irregular, 80 to 100, weaker and less full; temperature 100. Vaginal discharge diminishing in quantity and smell. The ragged edges of the vaginal walls around the slough are less phagedenic in appearance. Can pass the index finger from nymphæ to rectum, revealing a cavity of considerable extent. Cannot account for the weak and irregular pulse. Is taking all the nourishment that the stomach will tolerate. The coffee and milk appear to quiet, tone and nourish; she says she cannot get along without it. Have discontinued the sulpho-carbolate of soda. Ordered a tablespoonful of pure olive oil every twelve hours, designed both as a laxative and nourishment. September 16th, 9 A.M., pulse 80 and rather fuller; temperature 99. Five P.M., pulse 84; temperature 100. No particular change since yesterday. September 17th, 9 A.M., pulse 84; temperature 100. Five P.M., pulse 95; temperature 101 $\frac{1}{2}$ . Tongue, which was well

cleaned on Monday, the 15th, is now assuming a brownish coat. Patient does not complain, but is evidently worse. September 18th, 9 A.M., pulse 84; temperature 100. Gave fluid extract of belladonna, one drop every three hours, to check the profuse perspiration which has existed for the past twenty-four hours. Was attacked during the night with a severe pain in left side, supposed to be neuralgia. Ordered spirits of turpentine locally, and resumed the former treatment of sedative and aconite. Five P.M., pulse 90; temperature 102 $\frac{1}{2}$ . Free of pain when under the influence of the sedative. September 19th, 9 A.M.: pulse 84; temperature 100 $\frac{1}{2}$ . More comfortable than yesterday. Five P.M.: pulse 95; temperature 103. Have discontinued the belladonna, as it appeared to increase the temperature, especially of the surface of the body. The perspiration ceased with the increase of temperature. September 20th, 9 A.M.: pulse 75; temperature 100. Being weak and having chilly sensations, and wishing to prevent a return of the excessive perspiration, ordered Huxham's tincture, quinia and aromatic sulphuric acid. Five P.M.: pulse 90; temperature 101. Have discontinued the two-grain quinia pills. September 21st, 9 A.M.: pulse 82; temperature 99 $\frac{1}{2}$ . Bowels moved by the aid of an enema, carried up through full-length catheter. Five P.M.: pulse 84; temperature 100. Has had a comfortable day and appears to be improving. September 22d, 9 A.M., pulse 84; temperature 99 $\frac{1}{2}$ . Five P.M.: pulse 90; temperature 100 $\frac{1}{2}$ . September 23d, 9 A.M.: pulse 100; temperature 103. Has had a severe chill, followed by fever. Increased pain in side and sore to the touch. Renewed the two-grain, gelatine-coated, quinia pills, one every three hours, in addition to the one grain of quinia in previous medicine. Fear the rigor is due to the presence of pus. Five P.M.: pulse 98; temperature 103 $\frac{1}{2}$ . Treatment continued. September 24th, 9 A.M.: pulse 92; temperature 100 $\frac{1}{2}$ . Treatment continued. Five P.M., pulse 84 and weak; temperature 101. Tongue clearing again. September 26th, 9 A.M.: Neglected to keep a record of yesterday's visits. To-day, pulse 60; temperature 98 $\frac{1}{2}$ . Pus came away with the vaginal injection. Five P.M.: pulse 74; temperature 99 $\frac{1}{2}$ . Appetite improving; bowels regular. The profuse perspiration having returned, ordered a drop of the fluid extract of belladonna every three hours. Former treatment continued. September 27th, 9 A.M.: pulse 76; temperature 98 $\frac{1}{2}$ . Perspiration less; tongue still clearing; bowels regular; appetite improving; pain in side less; and the turpentine,

having produced a local erythema, has been discontinued. September 28th, 9 A.M.: pulse 74 and reasonably full; temperature 98 $\frac{1}{2}$ . Patient improving, and the treatment modified accordingly. October 4th, improvement rapid and continuous.

*Remarks.*—The foregoing case presents many points of interest which will be readily recognized by a careful reading. I have not only given the case as it presented itself to me from visit to visit and day to day, but frequently my own thoughts as they occurred at the time. I do not pretend to reconcile the occasional discrepancy between the pulse and temperature, neither that of the other symptoms, but will say, that my patient is of a highly nervous organization, and has a chronic pulmonary tuberculosis. The aconite was given, principally, to control the secretion of milk, which, with the belladonna plaster to the breast, did all that could be desired. The fluid extract of belladonna was given for the profuse perspiration, and most nobly did it succeed, but I am of the belief that it increased the temperature of the skin, and thus may account for a few of the contradictory symptoms. I gave Battley's sedative on account of its purity, reliability, and the small quantity of alcohol it contains. As a rule, the stomach will tolerate it when opium in any form is borne. For its formula see *Napheys' Medical Therapeutics*, page 260. I am in the habit of giving ergot as a preventive of post-partum hemorrhage, but it may be said that in this case it was not required, and that the hour-glass contraction was due to it; I do not think so. The use of the other medicines requires no explanation. The coffee and milk is a favorite nervine and nourishment in all cases of debility.

At present, December 15th, 1879, the result is more than could be expected. But slight obstruction in the vaginal canal, from cicatrices, and the general health is as good as previous to her late pregnancy.

The literature upon this subject is not extensive, Cazeaux being the fullest of any work I have read upon the subject. Strictly speaking, thrombus is a misnomer in the present case, as the color through the vaginal wall indicated the presence of arterial blood; yet the extensive dark discoloredation of the skin, extending to and surrounding the anus, and other indications, showed the presence of venous blood also. As to the location of the thrombus, it would be classed in the first, fourth and sixth divisions, as given by M. Laborie in Cazeaux. Although the favorable termination of the case appears to

justify the course of treatment, I am not prepared to say that an early resort to the use of the knife might not have lessened the risk of my patient's life and hastened her recovery, but I did not see it in that light at the time.

The mortality in vaginal thrombus is great. In sixty-two cases, collated by M. Deneux, and given by Cazeaux and Leishman, there were twenty-two maternal and twenty-one infant deaths. And in nineteen cases collected by M. Blot, and published since 1830, five proved fatal to both mother and child.

#### A PLEA FOR POLYPHARMACY—QUINIA COMBINATIONS AND SEA AIR FOR MALARIA.

BY BOARDMAN REED, M.D.,  
Of Atlantic City, N.J.

The manifestations of the malarial poison described by Dr. P. H. Thompson in the REPORTER of December 20th, were certainly interesting and probably novel, though marked nervous disturbances of various other kinds, especially dyspncea, are common enough. He deserves thanks for reporting the cases, since every record of a new or unusual phase of disease is an important contribution to medical science, and accurately noted clinical observations, whether of peculiar types of disease or the effects of treatment upon them, are even more instructive to the practicing physician than microscopical studies of pathological conditions after death.

As to the treatment of intermittents, I notice that Dr. Thompson relies almost exclusively upon quinine, and this appears to be the rule with very many in the South and West, where malarial diseases are so largely prevalent. It may seem like presumption in one practicing in a non-malarial district—at a health resort, where intermittents do not originate, and can only be studied, as a rule, in the persons of visitors and returning sailors—to express an opinion upon the treatment of this class of affections; yet I venture to make the assertion that even the least efficient of the alkaloids of Peruvian bark will accomplish more, even in moderate doses, when combined with certain other drugs, such as opium, capsicum, leptandrin, gelsemium, etc., than will the sulphate of quinia alone, in the most heroic doses. This statement I have seen verified both in Philadelphia and Atlantic City. The value of such combinations is now affirmed by several of our best authorities in therapeutics. Dr. Bartholow, the distinguished professor and

writer, recommends the joint administration of quinia and opium. Dr. Edward R. Mayer, of Wilkesbarre, Pa., whose highly suggestive little pamphlet on "Specific Medication" ought to be expanded into a volume, testifies to the great advantage of combining quinia with leptandrin, or with gelsemium. *Napheys' Therapeutics* cites numerous very valuable combinations of quinia, well tested by the experience of eminent practitioners. Dr. Piffard, of New York, the American editor of Wood's new edition of "Phillips' Materia Medica," though he leans strongly to what seems to be the coming fashion of mono-pharmacy, says, in his notes to that work, "Capsicum decidedly promotes the action of quinine in malaria, and together with a little opium, may be combined in the following proportions: quinine, 10 grains; capsicum, 5 grains; opium,  $\frac{1}{2}$  to 1 grain; these to be mixed and divided into such doses as may be required."

Some time before the publication of the above I had hit upon the same combination, except that quinidia was used instead of quinia, and morphia instead of opium, and had found that it would usually break up any intermittent in forty-eight hours, especially if a cholagogue cathartic were given at the start, and a full dose of some opiate (a hypodermic of morphia being the most efficient) were administered an hour before the expected paroxysm.

The following formula makes a pill of convenient size, which, repeated every three waking hours, has uniformly succeeded, in my hands, with the assistance above mentioned, even in very obstinate intermittents, such as our fishermen sailing in the waters of the Chesapeake, Delaware and other bays to the southward, often bringing home with them:—

R.	Quinid. sulph.,	gr. xxx
Oleo-resinæ capisci,	gr. iiij	
Morphiae sulph.,	gr. j	
Syrupi,	q. s.	M.

Ft. pil., No. x.

SIG.—One every three hours.

Among the invalids sent hither from Philadelphia, New York and other cities, there are many cases of the malarial cachexia. These often improve amazingly without any medicine, the sea breezes laden with the alterative compounds of chlorine, bromine and iodine (iodine, by the way, I have found to possess real power over intermittents) proving sufficiently curative. When anything more has been needed, I have seen excellent results from small doses of nux vomica combined with the sixteenth of a grain of podophyllin or one-fourth grain of blue pill,

and repeated every four or six hours. The liver is the organ chiefly at fault usually, in such cases, and mild remedies which stimulate it gently, at the same time that they promote appetite and digestion, frequently accomplish more than quinine, or even than a too protracted administration of arsenic, at least, under the favorable influences here existing.

But, as already intimated, climatic conditions contribute so largely to our cures here that it is, perhaps, presumptuous to claim credit for any of the auxiliary drug treatment. With much hesitation, therefore, the foregoing suggestions are submitted, in the hope of calling attention more prominently to the fact, established beyond question by careful observers in all parts of the country, that the power of the cinchona salts in intermittents is greatly enhanced by combining them with other remedies; and to that other important fact, that cases of malarial cachexia which resist all sorts of treatment in the cities may get well with very little medicine if sent to some non-malarial locality upon the seashore.

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

SERVICE OF DR. JOHN GUITERAS (Nov. 22, 1879),  
One of the Physicians to the Hospital, and Lecturer on  
General Symptomatology in the University  
of Pennsylvania.

#### Some Unusual Forms of Continued Fever.

"GENTLEMEN:—Through the kindness of Dr. Bowen, I have to-day the opportunity of presenting to you three or four cases of fever of a peculiar type. You have already seen one of these, and your attention has been called to the fact that the symptoms have very closely resembled those of typhus fever; so much so, indeed, as to have given rise to the diagnosis of typhus.

"To-day I want to consider these cases from an etiological point of view. One of the difficulties in arriving at a clear diagnosis is connected with this question of etiology. There is no doubt but that the symptoms point to typhus fever, but the question at once arises as to how far it is now possible for a person in the State of Pennsylvania, or in the United States, to have typhus fever."

The lecturer then spoke of the different classifications of disease, as according to the symptoms and according to the lesions present. He then continued, "but there is a certain class of diseases which seem to depend upon the introduction of a poison into the blood. These are the so-called infectious diseases. Here we know of no lesions of any one solid organ, and the classification must be based upon the poison introduced into the blood. A knowledge of the nature of these poisons is of preëminent importance in the diagnosis and prophylaxis of these diseases." Dr.

Guiteras here gave several illustrations of the aid gained in the diagnosis of certain diseases by our knowledge of their causation, and among others the following. "Suppose an epidemic of relapsing fever should develop in Philadelphia to-day, it would be difficult to recognize the first cases before the intermission and subsequent relapse, for in the early stage there are no characteristic symptoms. This difficulty in the early recognition disappears immediately, because it has been abundantly proven that in relapsing fever the blood contains a bacterium known as the spirochæta. If a case should present itself with the symptoms of relapsing fever, I should immediately examine the blood, and if I found the spirochæta, I should know that it was a case of relapsing fever.

"Now, in regard to typhoid and typhus fever, can we, by examination of the blood, tell which disease we have to deal with? No, we cannot. This is only possible in relapsing fever and some diseases of the lower animals; but we do know several things in the etiology of these diseases which assist us materially in their diagnosis. In regard to typhus, we know that the source and principal focus of its poison is Ireland; that it is endemic in Dublin and London; that the disease has always followed the Irish emigrant, and has been carried by him to almost all parts of the world, and that in some places the poison has found an appropriate soil and given rise to a great epidemic. Therefore, whenever we find a case of typhus outside of Ireland or England, or a part of the north of Germany or of the south of Russia, the poison has almost certainly been imported from one of those places. When we find such a case, we must try to discover whence the patient got the poison. The question at once arises, can this poison originate spontaneously? Histories of certain epidemics are given, where it was impossible to trace its connection with any previous case. Those who do not believe in the spontaneous origin of the poison say that the first case was due to the poison from a previous epidemic, which has lain dormant and has been suddenly developed by some exciting cause. This is plausible, but it seems hardly possible that the poison could have remained dormant for so long a time, sometimes even twenty years. Again, epidemics have occurred where there was no history of any previous case of typhus. These cases have been said to be due to contagion carried in the clothing of persons, or in some unknown way. The argument most frequently advanced is based upon the fact that all our knowledge of these lower organisms leads us to believe that there is no such thing as their spontaneous origin. I do not believe in the spontaneous origin of bacteria, but I do believe in the so-called spontaneous origin of these diseases. I think it quite possible that these organisms exist in a certain number in all places, but not sufficiently numerous to give rise to an epidemic; but suddenly, under the action of favorable causes, they develop rapidly and an epidemic is produced." The speaker then gave several instances of this principle, as shown by other forms of animal and vegetable life.

"Therefore, I say that it is possible for an epidemic to arise in this country without import-

ation ; but although I have taken so long to explain how this may be possible, I do not want you to believe that it is, by any means, probable. It is very rare for epidemics to originate in this way, and I believe that all the epidemics of this country have been traced to importation. If, therefore, we find certain cases resembling typhus fever originating in different parts of the State, I believe that we have, in that very fact, the strongest argument against their being typhus. If these several cases had come from one place, as Philadelphia, from near the river, we would have more reason to think that they were typhus ; but when I tell you that one comes from Pittsburgh, another from Altoona, and the other two from Philadelphia, and when I also tell you that at this time of the year there is a tendency to the development of typhoid fever all over the country, I think you will agree with me that these are, more probably, cases of typhoid, and not typhus. Basing our diagnosis, principally, upon the etiology, it is almost an impossibility for these to be cases of typhus fever.

" Could the exceptional causes that give rise to the so-called spontaneous origin of the disease exist in these different places without giving rise to an epidemic ? or, if these cases were due to contagion, could the disease develop in different parts of the State without first appearing in Philadelphia, through which the poison must be carried ? It is almost impossible to imagine this. But in spite of these considerations, to which I attach so much importance, it is certainly very true that these cases present a very peculiar appearance, and I greatly fear that their consideration is going to shake a great deal of your faith in the rules given you for the diagnosis of typhus and typhoid.

" This case, perhaps more than any of the others, has presented several of the most marked symptoms of typhus fever. The peculiarities that characterized this case were, in the first place, the peculiar condition of the face, as you may still see. The face was somewhat congested, and this was not localized to the cheek bones, as in typhoid, but involved the whole face, and it was of a brighter red, as in typhus. The face was also quite swollen, as we find it in typhus. The eyes were injected, and not clear, as in typhoid. The eruption on the skin had the peculiar characters of typhus, and not those of typhoid. Besides this, the eruption presented a reddish-brown hue, and not the rose color of typhoid. The spots were not regular in their outline, as is usual in typhoid. The centres of these spots were formed by petechiae, that is, small hemorrhages under the skin, and did not disappear upon pressure. You can still see the abundance of this eruption; there is a general mottling of the whole surface. This is a strong point in favor of typhus, for usually, in typhoid, the eruption is very scarce, while in typhus it is very abundant. In typhoid the spots disappear upon pressure, and by careful palpation you can generally detect a slight elevation of the spots. Then, to summarize, we had a too abundant eruption for typhoid fever ; it was too much of a reddish-brown color ; it did not disappear on pressure, and it presented a very irregular outline in each spot. It should, however, be mentioned that a few spots characteristic

of typhoid fever have made their appearance on different days of the disease, since admission.

" Now, in regard to the course of the disease : We have found that these cases run somewhat of a peculiar course, which would also point to the diagnosis of typhus. We find that they have been sick too short a time for typhoid fever. The patient you have just seen assures us that he had been sick five days before admission. He was admitted on November 13th. He has therefore been sick for fifteen days. To-day his temperature is down to the normal. This is the history of typhus, lasting only two weeks. When the temperature falls, in typhus, it usually falls suddenly. The temperature rises rapidly, reaching, perhaps,  $104^{\circ}$  or  $105^{\circ}$  during the first day. As a general rule, in all those diseases in which the onset of the fever is rapid its decline is rapid, and where it reaches its height slowly it passes away slowly. In this case the temperature sheet shows a gradual fall of temperature—it has taken four days for it to reach the normal. This is more characteristic of typhoid than typhus.

" The patient I now show you presents rather a curious complication. He has fever, somewhat of a typhoid type, and he is covered with freckles, which so closely resemble the typhus eruption that it makes the case quite confusing, coming at a time when we are exercised about the diagnosis of these other cases. You see that his face is red and bloated, eyes injected, and the tongue quite dry and slightly brown, characteristic of the typhoid state. Looking at him, you would say that he was covered with an eruption ; but this is not so ; the spots you see are freckles, and it is very difficult to find any spots due to disease ; I cannot say that I have found any. The patient presents a continued fever with slight distention of the abdomen, with some tendency to diarrhea, and the typhoid state slightly marked. The temperature in this case has followed a course very much like that of typhoid fever. There is a daily remission, with a fall in the morning of a degree or a degree and a half. It is gradually getting down to normal, and it will probably reach that point within three days.

" Another case, an old man 63 years old, was admitted on the seventeenth of this month. He had a high fever, a temperature of  $103^{\circ}$ , quite a frequent pulse, and presented all the symptoms of the typhoid state. We examined this old man carefully, and we found on the back what we thought to be typhoid fever spots, but much reliance should not be placed upon spots found on the back, especially where there is any doubt as to the diagnosis. It is quite common, I believe, to find spots on the back exactly like those of typhoid fever, in other diseases, and especially where the patient has been long in bed with any febrile affection, and also in acute tuberculosis. I believe that these cases of acute tuberculosis present an eruption exactly like that of typhoid fever. He had some abdominal distension and tenderness, and, on etiological grounds, I could not believe that there was typhus ; but I find that his temperature fell in twenty-four hours, from  $102^{\circ}$  to  $98^{\circ}$ . This is a thing that never happens in ordinary typhoid fever. In another case that has been shown to you the temperature also fell rather suddenly.

"In all these cases the attack developed gradually, and the patients could not tell the day on which they were taken sick. This is quite characteristic of typhoid fever, but in typhus fever the attack usually comes on suddenly and the patient can tell the exact day on which he was taken sick. Now in regard to the abdominal symptoms; in all these cases we have had abdominal distention, which is quite characteristic of typhoid fever, but it often exists in typhus fever. In all there have been abdominal tenderness and gurgling in the right iliac fossa, due to ulceration of the intestine, which you know is the lesion characteristic of typhoid fever. One of the common abdominal symptoms is diarrhoea, but we find that none of these cases has presented any diarrhoea since they have been in the house. I believe they all state that they have had some diarrhoea at the beginning of the attack. There are cases of typhoid fever in which ulceration has occurred but in which no diarrhoea exists. These cases may belong to this class.

"I had in this house, some time ago, an epidemic of five or six cases very much resembling these. They all came from one house, and I believe from one family—father, mother and three children. They all presented the peculiar symptoms of these cases, and I ventured on the diagnosis of typhus fever. In these cases the diagnosis was more plausible, because they all came from the same locality; but no one in the wards contracted the disease, and it did not spread in the neighborhood from which they came; as typhus is extremely contagious, these were very strong points against typhus, and they were enough to make me discard that diagnosis.

"Another case was admitted to this house a number of years ago, presenting exactly the same eruption as do these cases. Several other gentlemen saw the eruption and agreed that it was that of typhus fever. This was a single case, and it might have come from ship-board, so that I made the diagnosis of typhus. The man died, and at the post-mortem we found the lesions of typhoid fever.

"It should be remembered, in this connection, that we have not had an epidemic of typhus for, I think, ten years. In that time we may have lost our ability, from want of practice, to make clear distinctions between the eruption of typhus and that due to other causes, just as in the investigation of certain chest troubles we are unable to determine certainly the lesion that exists, unless we can compare the diseased with the healthy side; so I believe it may be the case with this eruption, and if we had a case of true typhus eruption the resemblance might disappear.

"But what kind of typhoid fever is this, you will ask; a typhoid fever that presents a petechial eruption, with badly developed abdominal symptoms, and running a rapid course. This is very strange; but I would rather say that the epidemic of typhoid fever now developing is presenting peculiarities, as is often the case at the beginning of these epidemics; although not quite satisfied with this explanation, I would rather say this than suppose that patients from Philadelphia, Pittsburg and Altoona could come here with typhus fever. I say that it is not rare for typhoid fever to present peculiarities, and so it

has been divided into different forms. One of these is the mild or abortive form. You will find that there are cases of typhoid fever in which the temperature rises rapidly and falls rapidly, especially after the administration of calomel. Niemeyer says that he has seen cases of the abortive form which lasted only two weeks. Do we never have petechia in typhoid fever? We do, but the difficulty is this: when the petechial eruption makes its appearance in this disease, it is always in severe cases, and where there is a high degree of blood poisoning with hemorrhages under the skin, and the case is almost always fatal. These cases are mild, and the only way that I can explain the presence of petechia is upon the fact that in cases where the hemorrhagic diathesis or scurvy exists, typhoid fever is more apt to present a petechial eruption. These patients, at the time of the attack, may have been suffering from scurvy, or had a scorbutic tendency, which has given rise to the peculiar eruption. This is the only explanation that I am able to give, but I am not entirely satisfied with it, nor am I satisfied with the diagnosis of typhoid fever; but, falling back again upon the etiological point, I think it would be almost impossible for these patients to develop typhus without some connection with the disease from abroad; I would say that this was practically impossible.

"Now, in regard to the treatment of these cases, I only wish to make a few remarks in connection with the first case. The others have done very well, with but little treatment. We have given them frequent doses of quinia, two or three grains every three or four hours. You are, no doubt, in the habit of thinking of the treatment of typhoid and typhus fever with alcohol and stimulants, but where you do not need them you should not use them. Even the old man has had no stimulants, nothing but the quinia every three or four hours. This patient had no eruption. This is quite common in typhoid, but it is very rare for typhus to exist without an eruption.

"The patient that you saw first presented, for two or three days, quite alarming symptoms. These symptoms were great frequency and feebleness of pulse. I believe, and so do the majority of authorities on the subject, that the great danger in typhoid fever is death from paralysis of the heart. The cardiac muscle undergoes a form of degeneration, fatty or not, which may lead to failure of the cardiac action and death from paralysis of the heart. You should always examine the pulse carefully, and if very frequent and feeble, it is an evidence of weakness of the heart; in such cases the patient may, from rising from the bed, die suddenly. This patient's pulse rose to 120-130 in the minute; it was diastolic and feeble. We gave him, at first, alcohol, but when the pulse became more feeble, fifteen drops of the tincture of digitalis every two hours, and on the next day I found that his condition was greatly improved.

"I will again allude to these cases next Saturday, and let you know their condition."

(Dr. Guiteras, at his lecture on Saturday, November 29th, made the following remarks in regard to these cases):—

"You remember that at the last lecture I brought before you a number of cases of a peculiar form

of fever, and promised that I would let you know their termination. They have all but one terminated rather rapidly, more rapidly than is usually the course in typhoid fever. Only one of them, the patient in my own ward, has had the normal slow course of typhoid fever. They have terminated so rapidly that it brings up the question whether these have been cases of a peculiar abortive form of typhoid fever or cases of a peculiar form of simple continued fever. As far as typhus fever is concerned, I have not heard of any person in the wards contracting the disease, nor have I heard of any epidemic of typhus fever developing in Pittsburg, Altoona or Philadelphia.

"It might be thought that these were hybrid cases of typhoid and typhus fever, but it should be remembered that such cases are extremely rare. They have only been met with in the midst of well marked epidemics of both diseases occurring at the same time."

### MEDICAL SOCIETIES.

#### NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Reported for the MEDICAL AND SURGICAL REPORTER.

Dr. C. R. Prall reported the case of a young lady, aged nineteen, who had never been prescribed for by a physician before he was called, at 5 o'clock one afternoon. She was complaining of shortness of breath. The pulse was 115. Temperature not taken, but thought to be about normal. Skin very pale, anaemic. Her mother said she sometimes complained of pain at the pit of the stomach after eating, and that the urine was unusually copious. He could elicit no other symptoms nor locate disease in any organ of the body. The extreme anaemia of the patient, together with the increased flow of urine, led him to ask a sample for examination the next morning. At seven o'clock the same evening a messenger came saying she was drowsy, but thinking the friends unduly alarmed he did not revisit her. At eleven o'clock the messenger returned, saying she was dying, and a few minutes later, on his arrival, he found her dead. The autopsy showed no microscopic lesion in any part of the body. A little water drawn from the bladder was, however, loaded with sugar, as he had suspected. He had seen other cases of diabetes in which there was no complaint in the early stage beyond a little dyspepsia, and in which the patient would not be convinced of any more serious trouble; yet he thought the present case remarkable for the absence of all serious symptoms (he thought it correct to say absence of any considerable discomfort) until within six hours of death, and that in a disease so protracted as we know to be the case in diabetes mellitus.

Dr. S. Updegrafe gave the details of the operation of laparotomy in a case of fibro-cystic tumor of the uterus. After opening the abdomen it was decided to remove the whole uterus and its appendages, on account of the large amount of the pedicle, there being in reality several tumors, none of them being in reality pe-

dunculated. The operation required two and a half hours. The patient died from shock on the third day. The mass removed was exhibited. Dr. E. Montgomery assisted at the operation. The case was interesting, because of the great difficulty in diagnosis between fibro-cystic tumor of the uterus and cyst of the ovary. All who saw the case were in doubt, and opinions differed until the incision was made. The whole uterus was in a state of cystic degeneration, small cysts throughout the walls in addition to the large ones. The whole mass was already so large as to endanger life, and was rapidly increasing. These conditions seemed to leave no alternative; the whole had to be removed. The size of the womb (greater than at the fourth month of pregnancy) necessitated so much cutting that we ought not to be surprised at the result.

The thanks of the Society are due Dr. Updegrafe for presenting the case notwithstanding the unfavorable termination.

Dr. N. Hatfield appreciated the kindness of Dr. Updegrafe in reporting the case, and returned thanks.

Dr. C. Wittig. The reports of successful operations being all that we see in the journals, we are apt to forget the dangers and consider them trivial. The result in this case should at least make us careful.

Dr. Hall asked which element of the operation gave the shock, the cutting of the abdominal wall, the long exposure of the peritoneum, or the cutting through the neck of the womb?

Dr. Updegrafe believed they were all factors to produce the result; he could not say which was chief.

Dr. E. Stone related a case of labor with rupture of the womb, to show the extreme sensitivity of the organ to wounds. In his case the rupture was not more than three inches long, did not pass through the peritoneum, and the amount of blood lost was not greater than two ounces, yet the woman did not rally, but died from the shock.

#### Proportion of Carbonic Acid in the Air.

The chemical textbooks, almost without exception, hand down the classical and quasi-official assertion that the atmospheric air contains a small quantity of carbonic acid, varying usually between 4 and 6 ten-thousandths in volume. On examining the reports of the most careful experimenter, we find nothing to justify this narrow limitation; under the same meteorological conditions, at intervals of a few hours, the figures are often doubled. The *Journal of the Franklin Institute* mentions that J. Reiset has experimented in open fields, far from any dwellings, with aspirators containing about 600 litres (158.51 gal.), and with ingenious precautions for securing the utmost possible accuracy of results. He never found so large a proportion of carbonic acid as 4 ten-thousandths. The range, in his summary, is between 2.839 and 3.178, and mean 2.942 ten-thousandths. In the rue de Vigny, near the Parc Monceau, Paris, during the month of May, the mean of three years' observations was 3.027 ten-thousandths. The extreme variations did not exceed .00003.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Treatment of Ununited Fracture of the Patella.

An instructive case was read before the Medical Society of London, by Mr. R. Bell, at a late meeting :—

The patient, a railway porter, aged twenty-seven, came under Mr. Bell's care at King's College Hospital, on July 5th, 1879, having sustained a transverse fracture of the right patella on September 24th, 1878. He did not resume work until January 21st, 1879, and eleven days after, while bending down to clean a carriage, he felt the knee give way; the fragments became separated, and it was found impossible to approximate them. He managed to get about, with the limb in a back splint and with the aid of a stick, but was practically unfit for duty. When seen by Mr. Bell, the right patella was found to be fractured transversely, the upper fragment being the smaller, and separated from the lower by about two inches and a half. The fragments could be approximated to about one inch; the skin was adherent to the fibrous tissue connecting them, and the outline of the condyles was plainly seen. All power of extension was lost, and the weakness of the joint made him liable to frequent falls. The following operation was performed: An incision four or five inches long was made in the long axis of the limb, over the fractured patella, and the skin dissected off from the parts beneath; the fibrous expansion between the ends of the bone was then dissected off from the condyles of the femur, a slice of bone was then taken off from the free margins of the patella, two holes were bored through each fragment at a little distance from the margin, and strong fine silver wire passed through them. Forceful traction failed to bring the ends together, nor would the fragments touch when the lateral attachments of the patella were divided, so that it was found necessary to divide subcutaneously the whole of the rectus femoris muscle and tendon three inches from the upper margin of the patella, a narrow-bladed bistoury being entered from the outer side of the thigh. By twisting the wires, the fragments were forcibly brought into contact. Bleeding vessels were tied with catgut, incisions were made into the joint on each side above the patella, for the passage of drain-tubes, and the limb was placed on a splint and inclined plane. A very small drain-tube was passed under the long incision, which was carefully brought together by carbolized silk sutures, holes being left to allow the silver wires to pass. The blood was well squeezed out of the wound made in dividing the extensor muscle, and a drain-tube introduced. Protective oil silk having been applied over the various incisions, carbolized gauze wetted with carbolic lotion was applied over a quantity of loose dry gauze, to absorb discharge, and the limb, carefully wrapped in the usual gauze dressing, was placed on a McIntyre splint, kept well raised in bed. The case progressed

uninterruptedly; there was no pain. Neither opium nor stimulants were required. The wound remained perfectly aseptic, was perfectly drained, only a thin fluid escaping. The highest temperature reached was 100.4° Fahr., and that only on one occasion. The operation was done on July 12th, all stitches removed by the 21st, and the drain-tubes finally removed on August 6th. Passive motion was then commenced. The patient left his bed on September 5th. On the 27th the silver pins were removed, under chloroform, and forcible flexion of the joint made as far as seemed prudent. The wounds left by the wires were quite healed by October 8th. The patient was shown to the Society, and also a cast showing the limb before operation. He can now flex and extend his knee, and his joint is daily becoming more useful; he can walk without a stick, and can go up and down stairs. When flexed, his leg makes with the thigh an angle of 120°. The scars left by the different incisions can be seen, and at the point where the rectus was divided a depression may be felt. There is apparently perfect bony union of the patella, a slight groove on one side marking the point of original division.

## On Irritable Spine.

Dr. J. J. Coghill has a valuable article on this subject in the *British Medical Journal*, October 11th. He gives four cases, of which we extract one, and his general remarks :—

Lately I have had under my care no fewer than four cases in which vertebral tenderness or hyperesthesia was the principal essential feature, and in which I could not ascertain that the local phenomena resulted from any exciting cause at the periphery. A comparative study of these cases will, I think, help to place the pathological identity of one form at least of this affection upon a more satisfactory basis. I believe it will demonstrate that there occurs not infrequently a form of irritable spine which must be regarded as a primary disease, which is not dependent upon any sympathetic, referred, or reflected irritation.

CASE 1.—Miss M. G., aged twenty-four, of sanguineo-lymphatic temperament, auburn hair, blue eyes, and ruddy complexion, was perfectly well until a year previous to consulting me, when a shock to the nervous system, from a fall in a ball room, which caused a fractured collar bone, produced the following train of symptoms: gradual loss of appetite, feeling of languor and debility, with some loss of flesh and sleeplessness. As it was feared she was becoming consumptive, she was sent to Ventnor. I found, on examination, all the organs perfectly healthy, and the functions regular. There was no pyrexia. She complained, however, of great tenderness on pressure, aggravated by movement, or the upright posture, diminishing in intensity from the fifth dorsal vertebra to the lumbar region. Suspecting renal trouble, I examined the urine,

and found it showing an excessive acid reaction ; and to my surprise, loaded with phosphates to the extent of one-fourth, on settling in the test tube.

The patient had been taking the hypophosphites of lime and soda for some time ; indeed, a large variety of tonics had been tried ; so I placed her on a mixture containing liquor strychnie, citrate of iron and quinine, with syrup of lemons in effervescence, three times a day. The general health improved steadily, and the quantity of the phosphates lessened gradually ; but, as the local pain was only alleviated by the sedative liniments and embrocations ordered, I employed Corrigan's hammer or *bouton*, at the temperature of boiling water, briskly over the painful area, producing rapidly deep purple redness, but without vesication. The effect of this treatment was most satisfactory, both on the general and local conditions. I had to repeat the counter irritation with the *bouton* four times in all before the spinal hyperesthesia had entirely disappeared. The phosphates disappeared from the urine entirely. The diet in this and the other cases was simple and non-stimulating ; milk, farinaceous and egg puddings, fish or meat once a day. No stimulants, except a glass of port wine in a breakfast cup of arrowroot at bedtime.

What I would now especially draw attention to in connection with the cases just described is the remarkable identity exhibited : 1. In the predisposing temperamental or diathetic conditions ; 2. In the exciting cause, pointing to exhaustion of nerve force ; 3. In the general symptoms, including the entire absence of all hysterical phenomena ; 4. In the seat and character of the local morbid manifestations ; 5. In the absence of febrile movement ; 6. In the invariable phosphatic condition of the urinary secretion ; 7. In the condition of the vascular system, indicating local plethora or passive venous congestion in the seat of pain ; 8. In the absence of any evidence of peripheral irritation sufficient to set up a reflex pathological action or process in the spinal cord ; 9. In the rapid and regular resolution of the morbid phenomena, under treatment based on the indications as above stated, and mainly directed in an active form to the central seat of their manifestation.

I venture to deduce from the observations thus formulated : (1) that we may have cases of so-called irritable spine (which term I prefer) present as a primary or idiopathic morbid condition entirely independent, so far as reflex nervous action is concerned, of peripheral excitation ; (2) that the sanguino-lymphatic temperament is the usual predisposing diathetic cause ; (3) that exhaustion of nerve force, especially through the brain, is the common exciting cause ; (4) that it is not inflammatory in nature, nor accompanied by pyrexia ; (5) that the vascular system, probably through the vaso-motor nerves, is principally involved in the production of the objective phenomena ; and (6) that the affection or disease itself consists essentially of a passive congestion of the venous plexuses within the vertebral canal, which induces pressure on the nervous structures to which they correspond, either directly from increase of calibre from dilatation,

tation, or indirectly from inducing a certain amount of local oedema in the spinal membranes. This theory of the pathological anatomy of one form at least of irritable spine is, of course, in the absence of any opportunity of post-mortem examination, based entirely on a study of the symptomatology of the affection, and as such only it is brought forward on this occasion.

#### Rules for the Treatment of Croup.

The following rules are laid down by Dr. W. H. Day, as the result of a long experience in this disease (*Medical Press and Circular*, November 5th, 1879) :—

The temperature of the room should not be lower than 65°.

1. The vapor bath is indispensable in the treatment of croup, and should be used at the commencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry ; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion ; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony is our sheet-anchor as a medicinal agent ; not so much from any specific effect it exerts on the tracheal membrane, as from its certainty in effecting free and speedy vomiting.

6. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting ; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered prima via, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool ; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a

favorable termination ; and we should then begin, if not before, to support our patients with good beef-tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minimum doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.

#### Treatment of Scabies.

In a paper in the *British Medical Journal*, October, Dr. Robert Liveing writes—

With regard to the treatment of scabies, errors sometimes occur. The one which is by far the most common I have already indicated, namely, that of using a sulphur ointment too strong, and of continuing its use too long. Of all remedies, not one is so effective as sulphur ointment properly applied. An ointment half the strength of that of the *British Pharmacopœia* is quite strong enough, and the best time to use it is at night, when it should be rubbed all over the body, except the head, but especially on the hands, buttocks and lower part of the abdomen, and then the under clothing used during the previous day, namely, socks, gloves, drawers and jersey, should be worn during the night; this thoroughly disinfects the clothes, and at the same time keeps the ointment well applied to the skin. In the morning, a warm bath may be taken, and no treatment followed during the day. For three nights the process should be repeated, but never longer; subsequently a little ointment should be well rubbed on the hands, wrists and buttocks for a few nights. All treatment should then be discontinued for at least a week, when, if necessary, it may be repeated for one or two nights, or a milder ointment might be used. It is sometimes difficult to say whether a case of scabies is cured or not; under these circumstances, it is very convenient to use an ointment which does not irritate or annoy the patient by its disagreeable smell, and which at the same time will complete the cure. A most excellent ointment of this kind is made with balsam of Peru ( $\frac{3}{ij}$  ad  $\frac{3}{j}$ ). The styrax ointment is also thoroughly effective, but less disagreeable.

With regard to sulphur baths, I would say that they are not nearly as effective as sulphur ointments. I lately ordered sulphur baths (as being more agreeable than ointment) for a pupil of my own who was suffering from scabies; he took six or seven, and then came to me much better, but not cured; I advised more baths, but did not see him again. He had in all about fifteen baths, and then went home to the country, thinking himself cured; unfortunately he was not, and he conveyed scabies to his family. This is not the first time that I have found sulphur baths fail. They are, however, useful under certain circumstances; it may, for example, be very inconvenient to apply sulphur ointment at night.

Again, in cases where there is much secondary eczema set up, with extensive excoriations, the application of sulphur ointment is very irritating. Under these circumstances, it is very useful to begin with a few baths, which generally produce an excellent effect; this may be followed up by the application of ointment to those regions known to be specially affected.

Lastly, with regard to disinfecting outer clothes and bedding, it can be easily done by sulphur fumigation or baking. In all cases of long standing the clothes, blankets, etc., should be disinfected, but it is never necessary to extend this to the bed itself.

#### Euonymin as a Cholagogue.

Dr. W. M. Collins, of London, writes to the *Lancet*—

Having recently made a trial of euonymin in some cases of hepatic derangement, with defective secretion of bile, I am induced to offer a few brief remarks on its action as a cholagogue.

Euonymin, which has lately been brought into notice by the experiments of Dr. Rutherford, as a hepatic stimulant, is a resinous substance obtained from a species of euonymus (wahoo bark). It differs from most of the ordinary so-called cholagogues, in not producing any intestinal irritation, its action on the liver being direct. It, therefore, does not give rise to the colicky pains and discomfort which so often attend the use of podophyllin, and which tend to prove that the latter drug acts only indirectly on the liver by the irritation it sets up in the duodenum, for which portion of the intestine it has a special affinity. Euonymin is particularly serviceable in cases of hepatic dyspepsia, or what are commonly called attacks of "biliousness," with furred tongue, pale stools, lassitude, and general malaise, and under its use the tongue cleans, the stools become darker, and the feeling of languor and heaviness disappears. Its action is slow, and its effects experienced most about forty-eight hours after it has been taken. In too large or too frequent doses it may cause some depression. It may be given in doses of two grains twice or three times a week, in pill, before dinner or at bedtime, or one grain on consecutive days before dinner for about a week. It may be prescribed with extract of hyoscyamus, or better still, with a few grains of the compound rhubarb pill, as it is a feeble intestinal stimulant itself, and requires the combination of some more active aperient, or else the administration of a saline aperient in the morning after. In most classifications of remedies met with in therapeutical works there is no special division made of cholagogues, but those remedies which are supposed to act on the liver are classified under other heads; e. g., podophyllin is included with the cathartics, and, perhaps, properly so, as this remedy only exercises a secondary action on the liver by catharsis. But euonymin, and probably iridin also, as shown by the recent experiments of Dr. Rutherford, may be considered as true cholagogues or hepatic stimulants, since they act directly on the liver.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—In a pamphlet of 12 pages, Dr. Clifton E. Wing, of Boston, details a case of complete inversion of the uterus, and adds some remarks upon the modern treatment of chronic inversion.

—The extirpation of the ovaries for certain disorders of menstrual life is discussed with great care by Dr. William Goodell, in a reprint before us. He concludes with the observation: The operation of spaying is yet in its infancy, and time is needed to develop its resources. But I cannot help feeling that in carefully selected cases it will prove the sole means for curing many mental and physical disorders of menstrual life which have hitherto baffled our science and are a standing opprobrium to our profession.

—Elmer's Physician's Handbook for 1880 contains a large amount of reading matter (185 pp.) such as those physicians who are not very well grounded in their profession, or those whose memories are unready, often find of service; as a classification of diseases with symptoms, sequels and complications, lists of poisons and antidotes, incompatibles, index of diseases, weights and measures, abbreviations and definitions, etc. It is bound in morocco, pocket-book form, with tucks. Price \$1.75. Published by W. A. Townsend, New York City.

### BOOK NOTICES.

**Outlines of the Practice of Medicine; with Special Reference to the Prognosis and Treatment of Disease.** By Samuel Fenwick, M.D., etc. Philadelphia, Lindsay & Blakiston. Crown 8vo, cloth, pp. 387. Price \$2.25.

Dr. Fenwick, whose name is favorably known in this country by his work on Diagnosis, attempts in the present volume to remedy that prevailing defect in medical education, of adopting physical diagnosis as a basis for treatment rather than symptomatic indications. He begins by laying down a number of general rules for treatment, as that we should remove the cause, watch the heart and nervous system, give rest and liquid food in acute disease, etc. He passes to the means we have of accomplishing such results, as cardiac stimulants, inhalation, aspiration, venesection, the digestibility of different foods, the forms of indigestion, cholagogues, baths, etc. As these are described, he explains their applica-

tions in various diseases and conditions, and extends the discussion to the other means of treating these maladies mentioned. In the last chapters syphilis, gout, anaemia and some other constitutional diseases, are particularly discussed. The work closes with a few pages of formulae, which are referred to in the text; not many of which appear to be novel or meriting special comment.

Although the arrangement is not the most convenient one, there is a great deal of instruction to be got from the book, and by presenting his subject from a side not generally regarded, the author secures the reader's attention, and succeeds in bringing forcibly to his notice points in medical practice often overlooked.

#### Lectures on the Diseases of the Nervous System.

Delivered at La Salpêtrière. By J. M. Charcot, Professor to the Faculty of Medicine at Paris, etc. Translated from the second edition by George Sigerson, M.D., etc. Philadelphia, H. C. Lea. One vol., cloth. 8vo, pp. 271.

Professor Charcot has rapidly taken a position as a leader in the study and the teaching of that most difficult branch of nosology, the diseases of the nervous system. His opportunities for seeing extraordinary cases at the great hospital of La Salpêtrière is unrivaled; and, happily, he knows how to make the best use of them. His lectures have been reported, and translated in many journals and in many languages, and the selection we have in the volume before us will not fail to be read with the deepest interest by all neurologists. They are on those branches of the general subject of neuro-pathology, disorders of nutrition consequent on lesions of the brain and spinal cord, paralysis agitans and disseminated sclerosis, and hysterical affections. These are illustrated both by the details of clinical cases and citations from numberless contributions to the literature of the nervous system. The theoretical explanation usually follows, which is advanced with clearness, and defended vigorously, though M. Charcot is always ready to acknowledge the insufficiency of our present knowledge of the intimate structure and functions of the nervous system.

The third part, on hysteria and hystero-epilepsy, will be read with more general interest than the other chapters. The astonishing manifestations of such patients, almost exceed belief, and often throw curious side lights on social questions. Nothing is said of metallo-therapy in this book. Its illustrations are hardly passable, inferior to copies we have seen in other books.

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**THE DISCOURAGEMENT OF SUITS FOR MAL-PRACTICE.**

In spite of all that has been said from time to time on the subject of expert evidence, there is little chance that any change will be made in it in this country; and just so long as a party, plaintiff or defendant, has a fifty dollar bill to spare, he can hire some very eminent physician to back the side desired by a vast display of medical erudition. It is bad enough when the question at issue is outside of professional relations, but when it comes to a case of alleged malpractice, the fact that medical men are got so easily, and swear so glibly, to aid in the destruction of another's reputation prompts one to cry out shame! For the credit of medical men, as a class, a check should be put upon this, and we applaud the action of the Medical and Surgical Society of Baltimore for taking, so far as we know, the first steps in the matter. This was in the form of the following resolutions, which were unanimously adopted at a recent meeting:—

" WHEREAS, There have occurred, of late, several instances of unjust and unwarrantable prosecution of members of the medical profession for alleged malpractice, with the evident intention of mulcting them for damages; we deem it advisable, for the protection of the profession, to urge upon them not to lend aid or countenance to any such efforts by unguarded expressions or opinions. Therefore be it

" Resolved, by the Medical and Surgical Society of Baltimore, That as physicians and surgeons we will not aid, abet or encourage any proceedings favoring suits for malpractice against members of our profession who are in good standing.

" Resolved, That we will uphold the dignity and honor of the profession under all circumstances, and support and sustain its members when shadowed by unjust demands or assailed by unworthy asseverations.

" PROF. A. B. ARNOLD, M.D.,  
" DR. T. B. EVANS,  
" DR. J. J. CALDWELL,  
" Committee."

There is nothing unfair to the public in such action. It is safe to say that nine-tenths of the suits for alleged malpractice have absolutely no real basis whatever; but all who know the arts of unscrupulous lawyers, and the ignorance of juries, are aware of the liability of loss to the innocent defendants. Physicians themselves are often to blame by injudicious or ill-natured criticisms of each other's cases. They plant the germ of dissatisfaction in the minds of patients or their friends, which these are glad to carry out, to the extent of a suit for damages, as soon as opportunity presents itself.

It were desirable that other societies should follow the example here set, and adopt resolutions discouraging the aiding and abetting these suits. Many cases of great and unmerited hardship have been reported, where worthy men have lost heavily in pocket and reputation, after they had done the best possible with cases under their care. Most frequently, it is the unwillingness of the patient to follow directions that leaves him a cripple; but this it is naturally impossible for the physician to prove. If he is to have protection at all, he should have it from his professional brethren.

## THE TREATMENT OF DYSCRASIA.

Under the terms "cachexia," "diathesis," or "dyscrasia," are understood morbid tendencies which individuals inherit from their ancestors or acquire early in life. It has been squarely denied that any of these words are proper, or that what they refer to should be recognized as separate morbid phenomena. True enough, it is not at all easy to define what condition they do include, but for all that, these tendencies are real, and are so acknowledged by most men of experience. BILLROTH calls them "dyscrasie," and we accept his word as good as another.

Of late years the importance of studying this subject, in order to institute prophylactic measures when alone they can be of much use, that is, early in the life of the child, has been appreciated more and more. Not long since a writer in the *Lancet* urged the subject upon the attention of readers. He showed that at present little or nothing is done in that direction. Children are tolerated or spoiled by their parents and natural protectors. The "doctor" is duly consulted when anything ails them, but there is no continuous and earnest endeavor to prevent or repair the mischief hereditary disease has already done in the organism, or to check the occult evils which are preparing the way for future sorrow.

If only for the sake of the individual as distinguished from that of the race, the utmost that science can do to blight the germs of disease in the young is demanded and would be requited in later years. Something more than the mere treatment of "ailments" and "children's diseases" is needed to give full and adequate expression to the laws of health as already formulated, and more would be learned about the prevention of disease if the phase of development to which we allude were scientifically studied and practically cared for. It is in the interests of health, mental and physical, with a view to the future of the individual life, the practitioner needs to concern himself, but while earnestly laboring within the boundaries of this limited purpose, he may contribute no mean share of

help to the greatest human policy—the moral and physical improvement of the race.

To work in this field intelligently, we must first ascertain how strong the heredity is in the various diseases and neuroses; nor should the investigation be confined to physical depravity merely. The solidarity of health and morals is too well known now to permit of the physician ignoring the legacy of evil moral traits from unwholesome physical conditions in the parent.

Much that has been confidently asserted on this subject will have to be reexamined. Take the common belief in the connection between drunkenness in parents and disease in children. Recently, Dr. F. F. Brown, of Massachusetts, has made some new inquiries on these points:—

(1.) As to intemperance in parents tending to implant marked appetite for alcohol in their children. (2.) As to intemperance in parents tending to produce disease in their children by heredity, apart from the influences of privation and exposure to which such children are peculiarly liable. (3.) As to the effect on nurslings of the use of malt or stronger liquors by their nurses. He found the general opinion to be that the children of intemperate parents inherit an unusual appetite for intoxicating liquors and drugs, and a number of physicians gave instances in their own experience sustaining this opinion. Their experience also furnished many instances corroborating the impression that the children of drunken parents are peculiarly liable to hereditary disease, especially to the neuroses running from neuralgia to idiocy. But as Dr. Brown points out, the question still remains whether appetite for alcohol may not be an evidence of this neurotic taint in one generation, which in a later generation manifests itself in chorea or insanity, instead of drunkenness being the origin of all. He does not believe, therefore, that it is possible to state with approximate correctness how strong the heredity is.

In a similar manner, tuberculosis is often said to be hereditary in certain families. But how often must we eliminate families in whom an unfavorable location or habit of life strongly

tends to bring on the disease, generation after generation, without the intervention of the factor of heredity at all?

Gout is one of the hereditary diseases. But how many attacks are produced in the sons of gouty fathers by the same indulgences which their fathers practiced, and which would develop it in the children of almost any man? It is occasionally a comfortable doctrine to teach that the sins of the fathers are visited on the children unto the third and fourth generation; it is a pleasant method of self-exculpation to put the blame of our misdeeds back a generation or two. They are not here who would chide us with the falsity of the charge, and point to the slips in our own conduct, which offer a nearer and likelier explanation.

Confining the dyscrasies to what they are properly responsible for, therefore, there is, as already observed, a field for preventive medicine which should be diligently cultivated by the medical philanthropist. It is difficult to gain the attention of parents to such a point, and the motives of the suggestion are liable to misconstruction. But these are obstacles that patience and tact will overcome, and they should not be allowed to stand in the way of the performance of duty. In private families the necessary training can often be done at home; but on a large scale it could only succeed by a vast scheme of colonizing children in small detachments, in healthy rural localities.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### TASTELESS SALINE PURGATIVES.

In the *Paris Medical*, August, 1879, Dr. Yoon recommends the following combination as almost concealing the disagreeable taste of Epsom salts:—

R. Magnesi sulphatis,      3 v  
Essentiae menthae,      gtt.iiij. M.

To be dispensed in a very little water.

#### TREATMENT OF PROSTATIC ENLARGEMENT.

Ergot internally is strongly advocated in this complaint by Mr. R. Harrison, in the *Lancet*. He sums up all treatment by saying that the great point to aim at is to secure healthy urine,

and this is attained by tying in an elastic catheter, and allowing the urine to pass away as it is secreted, until it becomes healthy, and then draw it off at regular and gradually prolonged intervals.

#### AMMONIO-SULPHATE OF COPPER IN NEURALGIA.

In neuralgia of the fifth pair, Prof. Férol, of Lyons, believes he can report good results from the following:—

R. Cupri ammonio-sulphatis,	gr.ij-ijj	
Syrupi florum aurant.,	f. $\frac{2}{3}$ j	
Aqua destill.,	f. $\frac{2}{3}$ ij.	

One-third of a dose, three times a day.

It gives a fetid odor to the breath, which should be disregarded.

#### OVARIAN DYSMENORRHEA.

The following combination is well spoken of in the *Medical Brief*, by Dr. Pattee, in the above disease:—

R. Tinct. pulsatillæ,		
Tinct. actææ albae,		
Tinct. cimicifugæ,	ää	gtt.xv
Aqua,		f. $\frac{2}{3}$ iv.

A teaspoonful three or four times a day.

#### WHOOPING COUGH MIXTURE.

In pertussis, Dr. Pollak, of Austria, recommends, for insufflation—

R. Quinque tannatis,		
Sodii bicarbonat.,	ää	5 parts
Pulv. acaciæ,		100 parts.

Use with an insufflator.

#### Albuminuria with Healthy Kidneys.

Dr. Edlefsen, in the *Mittheilungen f. d. Verein Schlesw.-Holsteinsch. Aerzte*, 2, 1879, draws attention to the occasional occurrence of albuminuria where the kidneys undoubtedly are healthy and remain so, as is shown by the fact that the albuminuria is only transient, and always occurs after violent muscular exercise, as, for instance, rapid walking, while the urine is free from albumen after rest. It occurs chiefly in anæmic individuals, and usually disappears after a prolonged use of iron. Bearing in mind that in the cases reported by Leube muscular activity likewise caused, or at least favored, the separation of albumen from the blood, and its secretion by the kidneys, the author next asks what effect muscular exercise has on the general circulation, and particularly on the blood pressure in the renal vessels. If the increased flow of blood outward, caused by muscular activity, diminishes the supply to the internal organs, and consequently the pressure in the arteries of the renal glomeruli, then the more prolonged the muscular exercise, the more marked will be whatever change

in the secretion of urine a diminished pressure in those vessels may produce; and in people who, in consequence of anæmia or any other cause, suffer from a relative insufficiency of the heart's action, the proportion of the blood supply to the kidneys during muscular activity will be still less favorable. Now, Runeberg found that, contrary to general opinions hitherto held, in the filtering of albuminous solutions through animal membranes, albumen will pass through faster the less the pressure in the filter, or the greater the resistance around it, and this fact may account for those in any other way apparently unexplainable cases. The author closes with the remark that, as life insurance companies at the present time, with propriety, inquire whether the urine is free from albumen or sugar, the examining physician should, where albumen is found, always try to discover whether it might not be in consequence of prolonged muscular exercise.

#### Abortion through Sympathy.

It is well known to veterinarians that among cows abortion prevails apparently through sympathy, becoming epidemic in herds. The following case, reported by a writer in the *British Medical Journal*, looks as if the same thing may occasionally occur in the human species. He writes—

Some days since I was hurriedly sent for to see a woman, wife of a small tradesman, who was said to be violently flooding. On my arrival, to my surprise, I found two women in the one bed. The one for whom I was especially sent was said to be now easier, and free from flooding but that the other (her sister) was very bad, her "womb having come down" suddenly, while looking after her sister. Upon examination I found a three months' fetus born, all but the head. I removed the child and placenta, which followed immediately, and turned to my other patient, and found that she, too, was miscarrying, and at about the same period of gestation.

#### On the Diagnostics of Kidney Diseases.

M. Litten states, in *Charité Annal*, iv, that circumscriptive shriveling processes are relatively frequent in the large white kidney. He then gives a detailed account of three cases which, during life, presented the following symptoms: In all three an abnormal quantity of clear, light-colored urine, mostly free from sediment, and of a low specific gravity, was voided; in all three there was hypertrophy (eccentric), of the left ventricle; and in every case the retina pre-

sented the peculiar appearance of albuminuric degeneration, with hemorrhagic spots. In one case there was cerebral hemorrhage, and in another repeated attacks of uræmia made the diagnosis more certain. (Edema, with the presence of a large amount of albumen and morphological substances in the urine, all pointed to a parenchymatous nephritis.)

The post-mortem examination disclosed, in all three cases, the large white kidney.

The author then discusses the several symptoms, in order to show that, in the future, it will be possible to diagnose correctly similar cases during life. He finally closes his communication with the remark that in the course of the so-called parenchymatous nephritis well marked eccentric hypertrophy of the heart sometimes occurs quite independently of any secondary shriveling, and that this gives an entirely different character to the symptoms of the disease combined, reminding one more of the granular atrophy than of parenchymatous nephritis.

#### The Formiate of Sodium as a Defervescent.

M. Arloing, of Paris, recently reported to the Academy of Medicine some experiments with this salt, showing that it lowers the animal temperature in a marked manner. It is poisonous when the dose exceeds one gramme to the kilogramme of the living weight of the animal. The effects he describes assign to formiate of soda a place among defervescent remedies. This compound is therefore pointed out by M. Arloing to the attention of physicians, who might employ it in a certain number of cases where the action of salicylate of soda is feared, for the formiate does not congest the kidneys, like the salicylate, and does not modify the heat so profoundly as this latter substance.

#### Starving out Cancers.

At a late meeting of the Leeds, England, Medical and Chirurgical Society, Mr. J. W. Teale read a case of quiescent scirrhus. The patient was an unmarried lady of 35. A cancer formed in her breast, causing retraction, and ultimately, the loss of the nipple; it ulcerated; some axillary glands enlarged, and the patient seemed about to die. But, in consequence, as it seemed, of the small quantity of food taken by the patient, the cancer was "starved." It atrophied slowly; and now, nine years after its first appearance, there was nothing but a hard cicatrix left in the breast and axilla. Cases more or less similar were related in the discussion which followed.

**Dampness of Soil as Productive of Phthisis.**

Recent studies of this subject, in England, have abundantly confirmed the opinions of Bowditch and Buchanan, that there is a constant relation between dampness of soil and phthisis. An English writer justly remarks that, without denying the determining and sometimes fatal influence of hereditary tendency, yet it is no less an assured induction from a vast number of observations, not now recent, that the continuous breathing of a damp, sodden and devitalized air has much to do with the promotion and development, if not the distinct origin, of this disease. In it we have, throughout the country, the outcome of overcrowding, the deficient drainage of the foundations of houses, absence of spouting, and inattention to the ventilation of living rooms and workshops. All these matters are within easy scope of the powers of sanitary authorities, and attention to them has fortunately as much a tendency to the preservation of property as to the preservation of life. By every effort made for the improvement of the drainage and ventilation of domestic premises, we are aiding in the abatement of a painful and pauperizing complaint, now far too prevalent throughout civilized communities.

**The Diet in Convalescence from Typhoid Fever.**

The caution cannot be too often given to patients and their friends, that the appetite which appears in the convalescence from typhoid must be most discreetly indulged. In the Medicochirurgical Society of Montreal, lately, Dr. Reddy mentioned a case which had been under his care in the hospital two years ago, where death took place from a relapse following a large meal of mutton chops. This patient had been well for three weeks. The post-mortem showed a perforation not larger than a pin's head at the bottom of an ulcer.

**CORRESPONDENCE.****"Constitutional Taints."**

**ED. MED. AND SURG. REPORTER:**—

A few facts relative to "constitutional taints" suggest themselves to the writer, more especially when taking a retrospective view of his past studies, coupled with a few years of practical medicine, and it may not be improper for him to mention here that it is not his intention to give a full résumé, but to epitomize the subject, or rather touch upon the more salient points.

A few years ago, while yet within the walls "de médecine," it occurred to the writer that the so-called constitutional diseases were but

few, and that the discovery of a single case was almost an exception to a general rule, although he remembered well the time-honored custom of putting questions to a *malade*, what did your father, or, as the case may be, your mother, die from? Was your father in the war, and so on? And the prescriptions were generally formed from the information thus obtained. And this course, pursued then by the most learned teachers, appeared to me empirical. But long since have they been accepted by the writer as well directed inquiries, and hence the iodides, with mercurials, invariably entered into the compounds as the most important ingredient. In truth, this prescription became as familiar to the class as did the prescription of Dr. Rush, 10x10, and to-day I say that a physician's armamentarium is incomplete without these most valuable remedies. I do not wish to be understood that I am so skeptical of pure blood that I deny the probability until proven; this is too much the status of the social world to-day—not accepting every man as a gentleman until proven otherwise, but, on the contrary, we ought to presume his gentility. So, also, we, as medical men, ought to let the mantle of charity fall upon our *malade*, although the Bible clearly elucidates the fact that the sins of the father shall visit his third and fourth generation. And now, from all the information and research on this point, obtained from special as well as collateral science, I am almost persuaded to the opinion of our most learned Prof. Gross, that syphilis is the father of most of the bad blood; thus, cancer, scrofula and consumption are nothing more or less than a remote outcropping of a predicate that has been laid in the past, to wit, the contraction of syphilis. It is an admitted fact that all these diseases arise from a dyscrasia of the blood, and that they have a predilection for the different organs of the system; for instance, phthisis the lungs; cancer the muscles; and scrofula the joints; these are not their invariable, but favorite seats. When the lungs are the weakest the dyscrasia attacks them, and it is called phthisis pulmonalis; the muscular system, cancers of various types; the joints, white swelling or scrofula.

All these diseases are classed by most writers, as Stillé, Rousseau and Niemeyer, as incurable but treatable diseases; but how often have I heard that dogmatic expression fall from the lips of a so-called *Escapulius*, in boasting of the cures perfected on consumption, cancer and such like affections. I assert that it is just as impossible for the Ethiopian to change his skin, as to cure a subject of constitutional taint, because the disease itself is a part of the system. It is true, I grant, you may remove the cancer with the knife, the parts heal, and to all intents and purposes the disease be cured, and the patient live an indefinite length of time, and perhaps die from some other disease; yet all this does not prove that the disease has been eradicated, though it does certainly prove that the subject has enjoyed a respite from the dyscrasia. Yet the system is the same, and the matières morbi there still. Just so with rheumatism, which depends upon a too acid condition of the blood. It is treatable by the administration of alkalies, but when you suspend the treatment the same mor-

bific influence arises, and begets anew the train of symptoms that characterize this well known affection. Several remedies have enjoyed quite a celebrity in possessing curative properties over rheumatism, but they have all had their fashionable time and place; and to-day the alkalies stand preëminent. Just so with cundurango, which, a few years ago, was believed to cure cancer. This drug was purchased at the most fabulous prices; but to-day it is scarcely worth its mention as a new remedy. And as to consumption, we know that climatic influence exercises more control over this affection than remedies; still the hyposulphites, cod-liver oil and iodine possess valuable properties in retarding the disease, and thereby relieving the patient. Also, in the incipiency and for the distressing cough that so frequently attends this disease, yerba santa is, in my opinion, most worthy to be classed among the so-called remedial agents. And scrofula, also, is medicated only by the alterative plan of treatment, which embraces the vegetable and the mineral alteratives. And now, in drawing this subject to a close, and viewing it from this standpoint, which I presume is tenable, I ask the question, when will there be a restriction to this widespread and gradually increasing infirmity of the American people? Not until there shall be a registration of every inmate in every bawdy house, and a license granted them to pursue their so-called occupation, and a medical examiner appointed, whose duty it shall be to make private inspection bi-weekly, and to separate the unfortunate ones, until they convalesce, at the discretion of the medical examiner.

Paris, Texas.

E. W. RUSH, M.D.

**Case of Adherent Placenta after Miscarriage; Profuse Hemorrhage; Removal under Chloroform, by the Entire Hand in the Vagina.**

ED. MED. AND SURG. REPORTER:—

Mrs. R., the mother of several children, on November 25th, when two and a-half months pregnant, lifted a heavy pot from the fire. Two days after she miscarried, and she was sure the placenta came away with the fetus. She then got up, and continued moving about until November 30th, when she had a flooding. On December 1st I was called in, and found her very weak; any movement produced giddiness, and there was a continuous slight hemorrhage. Ergot and rest were ordered, which checked the hemorrhage at once. On December 4th there was some return of hemorrhage, which continued until December 5th, with great weakness and faintness. An examination was now made. The vagina was filled with clots, the os uteri widely open, and completely relaxed, and the placenta attached to the fundus. I at once injected twenty minims fluid extract of ergot (Squibb's) into the arm, and having procured the assistance of Dr. Ashby, who administered the anesthetic, I introduced my hand within the vulva, which was very easy to do, owing to the complete relaxation of the perineum, and with my fingers peeled off, piecemeal, the very firmly attached placenta from the anterior part of the fundus. The organ was very flaccid and indisposed to contract. We now placed a sponge, saturated with vinegar,

against the os, gave her an ounce of whisky, and ordered the ergot to be given freely. Milk punch and Valentine's Meat Juice were administered at frequent intervals. I was much struck with her expression in regard to the latter; she said that every time she took it it seemed to give her new life. There was no further hemorrhage of consequence, and to day, December 17th, she is dressed and sitting in the room adjoining her chamber, although still quite weak.

She estimates the amount of blood lost at one gallon, and I think this is, perhaps, a low estimate. A feature in this case, suggestive of pyæmia, but without other symptoms to corroborate such a diagnosis, and therefore set down as rheumatic, was pain and tenderness about the left shoulder and elbow, with inability to move the arm. This symptom appeared on December 8th, when the pain extended to the side of the chest, near the axilla. She complained also of soreness in her hips, and some loss of power over the lower extremities. These joint symptoms have almost entirely disappeared. She has been subject to rheumatic trouble. The temperature has never reached 100° Fahr., averaging about 99°. With the view of preventing the occurrence of pyæmia, she was kept, from the first, under full doses of quinine, and a solution of carbolic acid injected, twice daily, into the vagina.

The lesson to be learned from this, to me instructive, case is plain: never to trust a patient's statement no matter how experienced she may be, as to the expulsion of the placenta, especially after miscarriages; and if there be unusual or recurring hemorrhage, to cast aside all motives of delicacy, and insist upon an immediate examination. It further teaches us the ease with which an adherent placenta may be detached. Having had no occasion, in a practice of ten years, to perform this operation, I infer that it is not common, and this report may prove useful, under similar circumstances, to some of those who read it.

EUGENE F. CORDELL, M.D.

Baltimore, December 18th, 1879.

**Record of Three Hundred Cases of Midwifery.**

ED. MED. AND SURG. REPORTER:—

The *British Medical Journal*, of September 30th, 1879, published a summary of a large number of consecutive cases of obstetrics, occurring in the practice of Dr. W. Whalley, of Bradford, England.

Having a complete record of 300 cases of midwifery, occurring in my own practice, I thought perhaps a similar statement might be of some interest to the readers of this journal, therefore I have adopted Dr. Whalley's order of a report.

There were three breech presentations, of which two infants were still-born. Footing cases occurred three times. The arm presented three times; one of these infants was still-born. The face presented once. The funis with head and hand presentation, occurred twice; one infant being still-born. The funis with breech presentation occurred twice, one infant being still-born. There were two complete and one partial placental presentations. The placenta was retained from hour-glass contrac-

tion in two cases; and from morbid adhesion in two cases. In one instance the fanis was coiled three times around the neck of the child. The long forceps were applied fourteen times, in which seven infants were still-born. Craniotomy was resorted to in two cases. Podalic version was performed in three cases. There were four cases of twins, of which two infants were still-born. In two cases the head presented in both children. In two cases the first child presented by the head, and the second by the feet. In two cases the children were both males; in two cases they were both females. In all the cases the second child followed the first within an hour. Accidental hemorrhage occurred in three cases; post-partum hemorrhage in five cases. Rupture of the perineum, requiring surgical interference, happened once, and was successfully treated (at once) by quilled sutures. There were two cases of convulsions, both recovered. Deformity of the pelvis occurred in four cases. In one patient fourteen years had elapsed since her last confinement. Of the total number of women delivered, five died, of puerperal fever. There were twelve cases of puerperal fever, seven of which recovered. Two children were born with talipes calcaneus; two with imperforate anus; both died after operation. One was born with clubbed hands and feet. There were five cases of nævi; one was cured by nitric acid, and four by ligature. Phlegmasia dolens occurred twice; in one case the clitoris was so large as to require the use of forceps.

JOHN C. HOLMES, M.D.

Cranbury, N. J., December 20th, 1879.

#### Placenta Prævia in a Primipara.

ED. MED. AND SURG. REPORTER:—

According to statistics of Professor Schwarz, there were, among 519,328 childbirths, 332 placenta prævias, making one in 1564 births. Professor Simpson saw, in 136 cases of placenta prævia, one in a primipara; so I consider it my good fortune to have a case of the same to report.

I was called, November 8th, to see Mrs. A. H., aged 22 years, somewhat over six months' pregnant, who, according to statements of her husband, was threatened with miscarriage; I made no examination, enjoined perfect rest of body and mind, and did not hear from her until November 15th; from that day until December 2d slight hemorrhages would occasionally take place, which would disappear when the horizontal position would be kept up for a few hours. December 2d, I made an examination and found that I had a placenta prævia centralis to deal with. From that day until the morning of the 16th of December I had to use tampons, which I would leave in the vagina from twelve to twenty-four hours, with a view of arresting the hemorrhage and dilating the os uteri. December 16th, after removing the tampon, I found the os sufficiently dilated to insert two fingers; I at once administered chloroform, and after severing the adhesion of the placenta from the uterus, succeeded in making the version on one foot, by combined internal and external manipulation, after the manner of Professor Braxton Hicks; a

slight traction on the foot made the thigh act as a tampon from above, which completely arrested the very excessive and almost exhaustive hemorrhage; I then brought the other foot down, and terminated the delivery of the lifeless fetus by the Smellie-Veit manipulation, and after removing the placentæ, arrested the hemorrhage completely; the threatening fainting spells were kept off by removing the pillows from under the head and administering iced champagne.

To-day, December 26th, I discharged my patient, perfectly well, and gaining her former strength rapidly.

M. PERL, M.D.,

Houston, Texas.

## NEWS AND MISCELLANY.

#### The Yellow Fever in New Orleans.

The total number of cases of undoubtedly yellow fever which occurred in New Orleans in 1879 was 41, all white. The deaths were 19. Dr. Joseph Holt says of its origin: "There is not the slightest evidence upon which could be founded a suspicion that the infection was brought into this area by importation of any kind; but on the contrary, the whole weight of testimony is in favor of the opinion that it was engendered spontaneously, from local causes."

#### The Metric System.

Under the heading "Metric Campaign of 1879," Dr. Edward Seguin, of New York, issues a four-page circular, which gives, in brief, a record of what has been done to advance the metric system during the past year. In this connection we may mention the action of the Philadelphia County Medical Society, in inviting Prof. Joseph Remington, of the College of Pharmacy, to lecture before them on last Monday evening, on the Metric System. His demonstrations of the value of the ounces and other weights of the old method was alone sufficient to convince the most skeptical as to the need of a change to something of more uniformity.

Again, we may allude to the confusion just now constantly occurring, as we read of the cold wave passing over Europe. We read of the thermometer being at so many degrees below zero. But when we know that the records are not taken according to Fahrenheit, but on a scale which gives zero as the freezing point, we do not find a temperature of 15° or 20° below zero so very alarming. Give us uniformity, by all means.

#### Personal.

The eminent dental surgeon and manufacturer, Dr. S. S. White, died suddenly, in Paris, France, December 30th, in the fifty-eighth year of his age. He was the most successful manufacturer of instruments and artificial dentures in the world.

The *Press* says that the indications are that Dr. L. W. Read, of Norristown, will be the superintendent of the new Insane Asylum for the Southeastern district of Pennsylvania.

## Items.

—Any physician who wants to purchase a house and lot, in a healthy portion of Chester county, Pa., and succeed to a practice approaching \$2000 a year, can hear of such an opportunity by addressing the editor of this journal.

—In the village of Lintorf, near Dusseldorf, Germany, an asylum for inebriates of the better classes was recently opened. The accommodations were only for 20 inmates, but before the institution was ready to receive them, 135 applications had been made! This promises well for business.

—Smallpox, which had not been in this city for two years, made its appearance two weeks ago, in the Twenty-fifth ward, and four deaths resulted, all of which were in the same neighborhood (Rosehill street). The disease has also broken out with some severity in Washington city.

—An example how memory is not necessarily a high faculty of mind, is illustrated in one of the children in the Pennsylvania Training School for Feeble-minded Children, in Delaware county. So retentive is his memory that, after listening to a sermon or other discourse, he is able to repeat it verbatim, even to the intonations of the speaker.

—The Michigan *Medical News* defends the custom of physicians receiving percentages from druggists. It claims that it is "necessary for the doctor to resort to this questionable means of self-defence," when he has patients who do not pay him. It wants no more "moralizing" on the subject. Queer kind of ethics to preach, that.

—The latest theory of cancer is that it arises from constituents secreted by the testicles and ovaries, and deposited in certain tissues. Castration and ovariectomy are suggested as preventives. Mr. Robert Mitchell, M.R.C.S., London, is responsible for this theory, and he has written a good-sized book to support it.

—The Iowa State Medical Society will meet at Des Moines, January 27. The session will be one of more than ordinary interest. In addition to the professional papers action will be taken relative to several changes in the Constitution and By-Laws, and reports will be presented relative to the establishment of a State Board of Health and the regulation of the Practice of Medicine within the State.

—William H. Appleton, publisher of the New York *Medical Journal*, has been sued for \$25,000 damages, for libel, by a dentist named Thomas B. Gunning. It appears that after the attempted assassination of Secretary Seward, in 1865, Mr. Gunning performed an operation on his jaw. An article appeared in the New York *Medical Journal*, a few months ago, which contained reference to Mr. Seward's injury, and Mr. Gunning is of the opinion that it reflected on his competency as a dentist.

## QUERIES AND REPLIES.

—*Oneida, Ill.*, asks:—"Has any State Board of Health refused to recognize the diploma of the Western College of Dental Surgeons, St. Louis?"

*Ans.*—We have not heard that the diplomas of this institution have been questioned.

—*Junior asks*:—"How long after the disappearance of secondary syphilitides can a man marry with safety?"

*Ans.*—If it is meant when he can be perfectly sure of no further syphilitic lesions, the French school, as we lately pointed out, would answer, never. But, practically, we should say, a year.

—*Mrs. A., of Pa.*—"Are the artificial flavoring materials now so commonly sold considered wholesome by physicians?"

*Ans.*—Some of them are; but the vanilla, bitter almond, and a few others, are probably poisonous, except in very small quantities.

—*Botanist*.—A work has been published by Theodore Peckolt, of the fruit and food plants of Brazil, we believe, about 1870.

—*Preceptor asks*:—"Is it not customary for the medical preceptors to charge their medical students a nominal fee for their instruction; and if so, what is the usual charge in the United States."

*Ans.*—It is customary; the charge in this part of the country is usually \$100 per year.

## MARRIAGES.

**A BELL—THOMPSON.**—In Philadelphia, on Tuesday, December 23, 1879, at the residence of the bride's parents, by the Rev. M. D. Kurtz, assisted by the Rev. R. J. Carson, Dr. Amacey B. Abell and Miss Margaret Thompson, daughter of Joseph Thompson, Esq.

**BEALS—VAN HORN.**—In Cincinnati, O., on Wednesday, December 2, in the M. E. Church, Bethany, O., by Rev. J. S. Whitney, Dr. Francis M. Beals and Miss Sarah E. Van Horn.

**INGRAM—WALLACE.**—In New York, December 17th, 1879, by the Rev. Dr. Deems, Thomas D. Ingram, M.D., of West Chester, Pa., and Miss Annie Wallace, of Philadelphia.

**KING—MURRY.**—November 13th, by Rev. Geo. M. Spargrove, at the residence of the bride's father, in Murrysville, Pa., James P. King and Miss Priscilla J., eldest daughter of J. S. Murry, M.D.

**LEE—SMITH.**—On the 9th ultimo, at the Church of the Holy Trinity, by the Rt. Rev. George W. Peterkin, D.B., Bishop of West Virginia, assisted by Rev. Francis D. Lee, Dr. Edmund J. Lee, of Virginia, and Mary, daughter of Charles Smith, of this city.

**LYONS—HALL.**—By Rev. A. B. Marshall, at the residence of the bride's mother, on the 12th ult., Ira A. E. Lyons, M.D., of Indianapolis, Ind., and Miss Rachel M. Hall, of New Lisbon, Ohio.

**NICHOLS—SMITH.**—On December 18th, by Rev. A. V. C. Schenck, Ammi S. Nichols, M.D., of Walla-Walla, Washington Territory, and Miss Freddie S. Smith, of Philadelphia.

**REEVES—HOWELL.**—On December 18th, by Rev. George Swain, D.B., Professor Charles F. Reeves, of the Pennsylvania State College, and Susan B., daughter of A. A. Howell, M.D., of Allentown, N. J.

## DEATHS.

**COCHRAN.**—Suddenly, at Dallas, Texas, on the 7th ultimo, Dr. James Cochran, of Philadelphia, in his forty-ninth year.

**GORDON.**—In New York, on Saturday morning, December 13th, 1879, Margaret, daughter of the late Robert Gordon.

**LADD.**—In Claremont, Sullivan county, Vt., Dec. 11th, Mrs. Adeiphia C., wife of Dr. Wm. M. Ladd, aged 65 years.

**TRAU.**—On the 22d ult., Anna M., wife of Dr. J. Ph. Trau, in the fifty-ninth year of her age.

**PAUL.**—At Belvidere, N. J., December 18th, J. Marshall Paul, M.D., in the eightieth year of his age.